
The United States Navy on the World Wide Web
A service of the Navy Office of Information, Washington DC
send feedback/questions to comments@chinfo.navy.mil
The United States Navy web site is found on the Internet at
<http://www.navy.mil>

Navy & Marine Corps Medical News #02-18 May 2, 2002

MN021801. Navy SG Briefs HHS Secretary on Navy Medicine's Homeland Security Measures
MN021802. Navy Medicine E-Rooms Lets Leaders Collaborate 24/7
MN021803. Fleet Hospital Donates Supplies to West African School
MN021804. Sports Medicine Helps Injured Get Back to Work - Fast
MN021805. Oak Harbor Joins Communities Working for Life and Breath
MN021806. Naval Reserve, Pensacola Team to Aid Medical Recruiting
MN021807. Navy Nurses Make Spanish Nursing Military Conference International
MN021808. U.S., Canada Partner to Obtain Licensed Stockpile of Smallpox Vaccine
MN021809. Armed Forces Recognized With National Defense Service Medal
MN021810. TRICARE: Are You Eligible for DoD's Medicare Wraparound Coverage?
MN021811. Healthwatch: Sobering Facts About Alcohol Abuse

-usn-

MN021801. Navy SG Briefs HHS Secretary on Navy Medicine's Homeland Security Measures

By Jan Davis, Bureau of Medicine and Surgery

WASHINGTON, DC - Navy Surgeon General VADM Michael L. Cowan, MC, met with Health and Human Services Secretary Tommy Thompson recently to brief him on Navy Medicine's actions supporting homeland security.

Cowan summarized Navy Medicine's domestic responses in the wake of Sept. 11 and the anthrax bioterrorist attacks, including the first domestic operational deployment of the hospital ship USNS Comfort in support of homeland security. He also briefed the secretary on what Navy Medicine is doing to enhance its capabilities to be ready should America be the subject of additional terrorist attacks.

Cowan said that one of the most important steps Navy Medicine is taking is a "rekindling" of its relationship with the National Disaster Medical System, a medical response partnership among the Department of Defense, Veterans Affairs, Federal Emergency Management Agency, and Health and Human Services. More active, day-to-day contact among these federal agencies and departments will ensure the success of NDMS' response to any future events that require the activation of this national resource.

LCDR Joseph Cosentino, NC, has been designated to be the full time Navy Medicine liaison to the National Disaster Medical System for Navy Medicine's Office of Homeland Security.

Vice Admiral Cowan discussed with Secretary Thompson how Navy Medicine's tactical medical capabilities, medical and scientific expertise and federal coordinating centers contribute significantly to homeland security. This includes tactical medical capabilities that can be provided through Mobile Medical Augmentation Readiness Teams (MMART) that can provide special psychiatric rapid intervention, medical services and humanitarian support. Navy Medicine's Forward Deployed Preventive Medical Units (FDPMU) provide preventive medicine control, chemical, biological, and radiological surveillance and detection.

The Surgeon Generals of the Air Force and Army were also at the meeting with Secretary Thompson and briefed their department's capabilities.

-usn-

MN021802. Navy Medicine E-Rooms Lets Leaders Collaborate 24/7

By Jan Davis, Bureau of Medicine and Surgery

CYBERSPACE - Navy Medicine's leadership is meeting in a new place, discussing issues, collaborating on projects, and providing information. And the best features of it is that it's open 24 hours a day, seven days a week, and no matter where you are, you can be there with a few computer keystrokes.

According to LT Mike Whitecar, MSC, head of e-business services for the Bureau of Medicine and Surgery, Navy Surgeon General VADM Michael L. Cowan, MC, wanted his leadership to be able to make decisions and access others, no matter where they were. For a staff that resides in distant locales - there are more than 150 naval medical facilities worldwide - and which travels frequently, the answer is in the world-shrinking World Wide Web.

"We installed an off-the-shelf computer software program that allows us to set up different websites, or rooms, for different leadership groups to communicate," said Whitecar. "Right now, we have 16 rooms, but that's growing almost daily."

One room is "CIO Today," which opened its cyber doors in January and has 80 of Navy Medicine's chief information officers chatting, following threaded discussions, and sharing databases and documents.

Other e-rooms include Navy Medicine Flag Officers, medical board tracking and waivers, e-health, and homeland security.

Ad hoc rooms are also set up for short-term projects. One, set up to work on a periodic report to Congress on the Navy's Fisher Houses, helped cut the preparation time by almost 75 percent, said Whitecar.

"It was a matter of the information being made available in real time, with people being able to comment easily, making decision-making quicker," said Whitecar.

About 500 Navy Medicine members worldwide are accessing the e-rooms. Users access a central website, which resides behind a secure firewall. A password lets them access their specific e-room. Transmissions are sent via special security technology, which encrypts data as it flows back and forth.

As far as Whitecar knows, Navy Medicine is one of the first Navy communities to use e-rooms as an information sharing and decision-making tool.

"We haven't figured out how to serve coffee in these rooms yet, but it has about all the other attributes of a good, well attended collaborative meeting," said Whitecar.

-usn-

MN021803. Fleet Hospital Donates Supplies to West African School

By Christina Skacan, West African Medical Outreach Program

LOME, Togo - Members of Fleet Hospital Minneapolis could hear the clapping, singing and cheers of school children echo down the narrow, dusty road moments before they arrived at the College D'Enseignement General Lome Zongo.

In addition to visiting nine villages and providing medical care to a thousand people a day, Naval Reservists from Fleet Hospital Minneapolis traveled to CEG Lome Zongo, a public school in a predominantly Muslim suburb 12 miles north of Lome, as part of a cultural exchange.

"It's a way of interacting with our hosts in yet another dimension of this operation," said CAPT John Hughes, MC, commanding officer of Fleet Hospital Minneapolis.

Working with the U.S. Embassy in Lome, members of Fleet Hospital Minneapolis spent \$1,000 on locally used textbooks in math, science and

literature. The Embassy also provided a variety of pamphlets on the Constitution, civil rights and the value of a free press.

Fleet Hospital Minneapolis chose which school to aid, based on need. CEG Lome Zongo just recently added doors to classrooms and faces a challenge providing desks and materials to students.

After a warm welcome by Madame Meatchi, Directrice (Principal) of CEG Lome Zongo, English instructor KezieTchakpala addressed the students, faculty and guests assembled.

"Your presence here today shows how strong the cooperation is between the United States and the Republic of Togo," said Tchakpala. "The books ... will help."

Following the book presentation, Fleet Hospital Minneapolis staff enjoyed a snack of peanuts, toasted ginger and a local sports drink with members of the school faculty. They toured the school and mingled with students before departing for more cultural day activities including a local art fair.

"We promise to keep and use these books very well so coming generations can benefit," said Tchakpala.

-usn-

MN021804. Sports Medicine Helps Injured Get Back to Work - Fast

By Brian Badura, Bureau of Medicine and Surgery

CAMP PENDLETON, Calif. - Sailors and Marines train hard every day to maintain operational readiness. High levels of physical activity during training can result in injuries that in the past sidelined them for weeks.

But thanks to the sports medicine fellowship program offered at Naval Hospital Camp Pendleton, Navy health care providers are learning to treat physical activity injuries and get Sailors and Marines back to their unit fast.

According to the American College of Sports Medicine, this field is concerned with injuries sustained in athletic endeavors, including their prevention, diagnosis and treatment. The purpose of injury prevention and treatment is to maintain optimal health and maximize performance.

"Between infantry training and Marine combat training, we treat quite a few injuries, simply due to the amount of physical activity," according to CDR Kevin Seufert, MC, program director for the sports medicine fellowship. "Our goal is to treat sports related injuries in a non-surgical, timely manner and get them back to their units quickly."

Because of the physical challenges of operational training, service members often work hard on and off the job to stay fit. Once a Sailor or Marine is brought in to a sports medicine clinic after an injury, they start treatment that same day.

"In the past, the question was, 'why do sports teams have the ability to get players back so quickly, but our people are still missing from their duties after weeks of treatment?'" said Seufert.

In contrast to the old paradigm, which focused on what someone can't do when injured, the new thinking centers on what they can do.

"The Marines love us, from the colonels to the sergeants, because we get their people seen and back to official duty faster than ever before," Seufert noted.

One great benefit to sports medicine relates to the cost of care. Since most patients are treated non-surgically, expensive invasive procedures are only given to those who require them. Patients who receive care at the clinic are also instructed on techniques to avoid injuries in the future.

The 12-month sports medicine fellowship program, which is endorsed by the Accreditation Council for Graduate Medical Education, accepts up to two

fellows per year from four primary care specialties - family practice, internal medicine, pediatrics or emergency room medicine. Three months of the program are focused on general and pediatric orthopedics and the other nine months give practitioners a chance to enhance their skill sets in other areas.

The fellowship has had 13 graduates since its inception. Many of them are currently working at one of eight clinics operating at Navy and Marine Corps facilities throughout the country. The program graduated its first fellow, CAPT Joe Moore, MC, in 1991.

For more information on the program, contact Seufert at ktseufert@cpen.med.navy.mil.

-usn-

MN021805. Oak Harbor Joins Communities Working for Life and Breath

By Sara McGruder, Naval Hospital Oak Harbor

OAK HARBOR, Wash. - May 7, 2002 marks the fourth annual World Asthma Day, and to mark the event, Naval Hospital Oak Harbor will have displays highlighting the importance of asthma as a public health problem. Nurse Educators will also be available to see patients on an individual basis throughout the month.

Naval Hospital Oak Harbor has tackled the problem by establishing an asthma clinical pathway to serve patients with asthma more effectively. To date, 109 patients have participated.

Asthma ranks among the most common chronic health conditions in the United States, affecting an estimated 15 million people.

"Asthma is a major public health problem and World Asthma Day provides a perfect opportunity to improve local understanding of the burden asthma places on all of us," said LTJG Pat Birbeck, MSC, a physician assistant at Naval Hospital Oak Harbor.

World Asthma Day is an international event coordinated by the Global Initiative for Asthma (GINA), a collaborative effort of the National Heart, Lung, and Blood Institute (NHLBI) at the National Institutes of Health and the World Health Organization. In the United States, NHLBI's National Asthma Education and Prevention Program (NAEPP), which has established the theme of "Communities Working Together for Life and Breath," coordinates World Asthma Day.

Asthma is a chronic lung condition that increasingly is being recognized as a major international public health problem. The cost of asthma in 2000 was estimated to be \$12.7 billion. During the past 15 years, its prevalence around the world has doubled. In the United States, rates of asthma deaths, hospitalizations, and emergency department visits have been increasing for more than two decades, especially among African Americans and children.

-usn-

MN021806. Naval Reserve, Pensacola Team to Aid Medical Recruiting

By Rod Duren, Naval Hospital Pensacola, Fla.

PENSACOLA, Fla. - A Naval Reserve Recruiting Command team visited Naval Hospital Pensacola recently to photograph Reservists at work for an upcoming national medical recruiting advertising campaign.

"Navy medicine is one of the major pushes this year for Naval Reserve recruiting," said LTJG W.H. Clinton, deputy director of marketing and advertising for the Recruiting Command. Reservists that were being photographed were at Pensacola for their two weeks of annual training. They were from as far away as New Jersey and as close as Saufley Field at the air station.

One of those photographed was LT Romelia E-Rothe, MSC, a pharmacist who

drills at the Naval Hospital detachment at Saufley Field. "I was nervous at first," she said. "It was fun."

The Navy recruiting team also photographed Reservists and some active duty personnel in the pediatrics, ears, nose and throat, neurology, and occupational therapy clinics. Recruiting has tentative plans to return to Pensacola in the fall for another Navy medicine photography session.

-usn-

MN021807. Navy Nurses Make Spanish Nursing Military Conference International
By LT Elizabeth Escalera, NC, U.S. Naval Hospital Rota, Spain

CARTAGENA, Spain - For the first time in the National Congress of Military Nursing - and in Navy Medicine's - history, U.S. Navy nurses attended its biennial meeting, making it an international event.

The congress was held in Cartagena, Spain. A Portuguese military nurse also attended.

CAPT Elizabeth Niemyer, NC; CAPT Tim Thompson, NC; and LT Elizabeth Escalera, NC; all of U.S. Naval Hospital Rota, were invited by the congress to participate and speak.

The National Congress of Military Nursing is held every other year at a different location in Spain. The congress was hosted by the local Spanish naval hospital, "Hospital Naval Mediterráneo". This year's organizer and "President" was the hospital's Assistant Director of Nursing, Comandante Antonio Segado. It was Segado's goal to make the congress an international event.

The objective of two and a half-day conference was to exchange experiences between military and civilian healthcare members.

Niemyer, a Spanish-speaker, gave a presentation on integration of women in the U.S. Armed Forces. Spain integrated women in their military just 13 years ago.

U.S. Navy Nurse Corps members are expected to be invited back for the next Congress.

-usn-

MN021808. U.S., Canada Partner to Obtain Licensed Stockpile of Smallpox Vaccine

By Gerry J. Gilmore, American Forces Press Service

WASHINGTON, DC - DoD scientists and contractors are working to obtain U.S. Food and Drug Administration approval for a smallpox vaccine developed by the military a decade ago, according to an Army medical researcher Col. David L. Danley, MSC, at Fort Detrick, Md.

However, it will likely take a few years of testing until the FDA approves the vaccine for licensure and renewed production, said Danley, project manager for the Joint Vaccine Acquisition Program.

He said that an agreement signed March 27 by DoD and Canada's Department of National Defence will facilitate that goal.

Danley said his organization is responsible for advance development, FDA licensure, and management of biological defense vaccines for the DoD.

The U.S.-Canada agreement, he said, "ensures we will produce a vaccine that is licensed in both the United States and Canada" that can be shared between the two countries and used by our armed forces.

"This is both a DoD and a national concern. There are no potential bioterror weapons that are as communicable or infectious as smallpox," he said.

He said the DoD smallpox vaccine under development was created at the U.S. Army Medical Research Institute of Infectious Diseases at Detrick in the early 1990s.

"But there was no requirement at that time to make a licensed smallpox

vaccine," he noted.

While DoD seeks FDA approval, Canadian defense officials will work to have the vaccine licensed by their counterpart government agency, Health Canada.

The unit cost of the vaccine probably won't be influenced by the agreement, but its availability will be improved, he said. Canada and the United States will be able to share military smallpox vaccine stockpiles, he said, as production of the new, approved vaccine picks up.

However, he said, the U.S.-Canada agreement should reduce the cost of developing the vaccine. The U.S. military, Danley noted, is working with Dynport Vaccine Co., a prime contractor in Frederick, Md., that is developing new DoD biodefense vaccines, except the currently licensed anthrax vaccine.

He said DoD is working with the Department of Health and Human Services to ensure availability of current smallpox vaccine and antiserum stockpiles for military use. HHS has a contractor that's also making a new vaccine to support the civilian population.

Smallpox vaccine uses live vaccinia virus, which is not smallpox, but a related virus, Danley said. Healthy vaccine recipients might feel short-term side effects, he noted, but there is little chance they'd become seriously ill from vaccinia.

The vaccine can be dangerous - possibly fatal - to patients with impaired immunity systems, he remarked. He noted, however, that the antiserum VIG, short for Vaccinia Immune Globulin, can be used to treat some adverse events associated with smallpox vaccination.

World health officials declared naturally occurring smallpox wiped out in the 1980s. The last laboratory-acquired human smallpox infection occurred in 1978 in Great Britain, he said, and the last field case of smallpox was discovered in Somalia in 1977. DoD stopped routine smallpox vaccinations in 1989-1990 at the end of the Cold War.

U.S. military concern about the disease was rekindled by the discovery that the former Soviet Union weaponized smallpox during the Cold War, he said.

The world's only smallpox virus samples were believed contained in two depositories, one in the old Soviet Union, and the other at the Centers for Disease Control in Atlanta. "There is suggestion that unfriendly Third World countries may hold smallpox samples," Danley said.

He also noted that the genetic code of smallpox is known. Related viruses could be genetically engineered into smallpox, he said.

Military and other federal, local and state authorities are concerned about smallpox as a bioweapon, Danley said, noting qualities that make it dangerous to human populations: Smallpox is highly infectious and easily transmitted in the air and by contact. Symptoms can take up to two weeks to show, so the disease conceivably can spread before anyone realizes there's been an attack.

-usn-

MN021809. Armed Forces Recognized With National Defense Service Medal

WASHINGTON, DC - The Department of Defense announced yesterday (May 1) that servicemembers on active duty on or after Sept. 11, 2001, are eligible to receive the National Defense Service Medal.

"The sacrifices and contributions made by the Armed Forces in direct response to the terrorism attacks on the United States and to the long-term resolution of terrorism merit special recognition," said Deputy Secretary of Defense Paul Wolfowitz.

The National Defense Service Medal may also be awarded to members of the Reserve components who are ordered to federal active duty, regardless of

duration, except for certain categories.

While no closing date has been established, eligible servicemembers can receive the award immediately.

The National Defense Service Medal was first established by President Eisenhower in 1953, and was subsequently awarded for honorable active service for any period between June 27, 1950 and July 27, 1954, between Jan. 1, 1961 and Aug. 14, 1974, and between Aug. 2, 1990 and Nov. 30, 1995.

A picture of the medal is on the web at
www-perscom.army.mil/tagd/tioh/Awards/NATIONAL%20DEFENSE%20SERVICE%20MEDAL1.htm
<<http://www-perscom.army.mil/tagd/tioh/Awards/NATIONAL%20DEFENSE%20SERVICE%20MEDAL1.htm>>

MN021810. TRICARE: Are You Eligible for DoD's Medicare Wraparound Coverage?

ARLINGTON, Va. - Since the implementation last year of expanded pharmacy and medical benefits under TRICARE Senior Pharmacy and TRICARE For Life, many Medicare-eligible uniformed services beneficiaries, age 65 and over, are now enjoying the peace of mind that comes with having a robust health care benefit.

They no longer have to pay expensive supplemental insurance premiums, higher co-payments, or entire prescription charges because the TRICARE For Life program acts as second payer to Medicare, and the pharmacy program provides coverage they don't have from Medicare.

"Beneficiaries have reported savings of \$3,000 to \$4,000 on their prescriptions, alone. With most prescriptions available to them for a \$3 or \$9 co-pay, some can now purchase prescriptions they didn't feel they could afford before. Not only are they saving money, but many are enjoying a better quality of daily living," said Thomas Carrato, executive director of TRICARE Management Activity (TMA).

While most of the 1.5 million TRICARE For Life-eligible beneficiaries have been located through extensive outreach communications efforts by TMA, regional lead agents, managed care support contractors, and various beneficiary associations, many still do not know they have this coverage. Their files in the Defense Enrollment Eligibility Reporting System (DEERS) have not been updated, and they have not renewed their military identification (ID) cards. Continued eligibility for military benefits must be established periodically, because certain events (like divorce from a military retiree, or remarriage of a widow) may cause eligibility to end.

As a result, when Medicare "automatically" sent its first 5 million claims to TRICARE for its newly eligible over-65 beneficiaries, it became evident that some of these claims belonged to beneficiaries whose information had not been updated, and whose ID cards were expired. These claims initially were denied by TRICARE, but agency officials have announced that they will pay these claims temporarily, without requiring beneficiaries or providers to resubmit them.

"We will use this opportunity to advise people on their Explanations of Benefits that they must update their information and ID cards. Those who fail to do so will have future TRICARE claims denied," explained Mr. Carrato.

After Aug. 1, 2002, all claims for beneficiaries with expired eligibility will be denied until their eligibility information is updated. During March, DEERS will notify many of the people with outdated information and expired ID cards with a letter. DEERS also sends an "age-in" letter to newly eligible beneficiaries 90 days before their 65th birthdays, explaining how they can remain eligible for TRICARE benefits.

The best way to verify TRICARE eligibility in DEERS and to obtain a

current ID card is to go to an ID card issuing facility. Its personnel can provide information about the documentation that is necessary, its address and hours of operation. If it is not possible for a beneficiary to go to an ID card facility, he or she should call the DoD Reverification line, 1-800-361-2620, for guidance. Information about the nearest ID card facility can be found at www.dmdc.osd.mil/rsl, or by calling TRICARE's toll-free number, 1-888-DOD-LIFE (1-888-363-5433).

-usn-

MN021811. Healthwatch: Sobering Facts About Alcohol Abuse
By Brian Badura, Bureau of Medicine and Surgery

The facts are sobering - each year alcohol contributes to over 100,000 deaths in the United States, making it the third leading cause of preventable mortality. The key is many tragic outcomes in alcohol related incidents could be prevented.

Alcohol has long been a part of the American social life. It's common to get together with friends for a few drinks and a lively round of conversation. At times, a few drinks turn into a few too many, creating situations with potentially dangerous consequences.

According to the National Council on Alcoholism and Drug Dependence, alcohol use disorder is generally classified in two ways: alcohol dependence and alcohol abuse. Symptoms such as impaired control over drinking, tolerance and continued drinking despite recurrent related physical or psychological problems characterize dependence. Abuse is characterized by significant impairment but does not entail physical dependence.

Heavy drinking can raise the risk for health related problems such as high blood pressure, heart disease, certain cancers, birth defects and overall mortality. Drinking also plays a role in about one-third of all suicides and child abuse cases, as well as one-half of all homicides.

The legal age to drink is 21 in most states, but a startling number of younger people are consuming alcohol. According to NCADD statistics, approximately 22 percent of eighth graders and 50 percent of twelfth graders reported the consumption of alcohol over the past month.

How can you recognize the warning symptoms of an alcohol problem? Here are some common signs of alcohol problems:

- Drinking to forget worries or calm nerves
- Feeling guilt about drinking
- Lying about drinking
- Harming yourself or others as a result of drinking
- Needing to drink more to achieve the desired effect
- Irritable or unreasonable mood when not drinking
- Medical, family or financial problems caused by drinking.

Many programs are available to help those with drinking problems, as well as their families.

"The Navy offers many programs on education and prevention of alcohol abuse, including PREVENT, ALCOHOL-AWARE and the Right Spirit campaign," according to CTRL(SW) Donna Byars of the Navy Alcohol and Drug Abuse Prevention Branch at Naval Personnel Command.

Know your limit as to the number of drinks your body can tolerate. Avoid operating motor vehicles and heavy equipment if you have been drinking. When hosting a social gathering, be sure to make non-alcoholic beverages available to your guests who choose not to consume alcohol.

If you choose to drink alcohol, do so responsibly. Be aware of potential problems around you that may be related to alcohol. Should a problem arise, be sure to get help for those who need it. To learn more about alcohol prevention, visit the Naval Personnel Command alcohol education website at navdweb.spawar.navy.mil/ or the NCADD web site

at www.ncadd.org.

-usn-